

United States Patent Application

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **AN IMPLANTABLE MEDICAL DEVICE WITH A RECHARGING COIL MAGNETIC SHIELD**

The specification of which

a. is attached hereto

b. X was filed on June 16, 2000 as application serial no. 09/596,402 and was amended on (if applicable) (in the case of a PCT-filed application) described and claimed in international no. filed and as amended on (if any), which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).¹

I hereby claim foreign priority benefits under Title 35, United States Code, §119/365 of any foreign application(s) for patent of inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed:

a. X no such applications have been filed.

b. such applications have been filed as follows:

FOREIGN APPLICATION(S), IF ANY, CLAIMING PRIORITY UNDER 35 USC §119

| COUNTRY | APPLICATION NUMBER | DATE OF FILING | DATE OF ISSUE |
|---------|--------------------|----------------|---------------|
| | | | |

ALL FOREIGN APPLICATIONS, IF ANY, FILED BEFORE THE PRIORITY APPLICATION(S)

| COUNTRY | APPLICATION NUMBER | DATE OF FILING | DATE OF ISSUE |
|---------|--------------------|----------------|---------------|
| | | | |
| | | | |

I hereby claim the benefit under Title 35, United States Code, §1120/365 of any United States and PCT international application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §156(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

¹ § 1.56 Duty of disclosure; fraud, striking or rejection of applications.

(a) A duty of candor and good faith toward the Patent and Trademark Office rests on the inventor, on each attorney or agent who prepares or prosecutes the application and on every other individual who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application. All such individuals have a duty to disclose to the Office information they are aware of which is material to the examination of the application. Such information is material where there is substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent. The duty is commensurate with the degree of involvement in the preparation or prosecution of the application.

| | | |
|-------------------------|----------------|---------------------------------------|
| U.S. APPLICATION NUMBER | DATE OF FILING | STATUS (patented, pending, abandoned) |
| | | |

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

| | | | | | |
|---------------------|-----------------|---------------------|-----------------|--------------------|-----------------|
| Harold R. Patton | Reg. No. 22,157 | Beth L. McMahon | Reg. No. 41,987 | Thomas G. Berry | Reg. No. 31,736 |
| Michael J. Jaro | Reg. No. 34,472 | Daniel W. Latham | Reg. No. 30,401 | Kenneth J. Collier | Reg. No. 34,982 |
| Girma Wolde-Michael | Reg. No. 36,724 | Curtis D. Kinghorn | Reg. No. 33,926 | | |
| Thomas F. Woods | Reg. No. 36,726 | Eric R. Waldkoetter | Reg. No. 36,713 | | |

Please direct all correspondence in this case to: Medtronic, Inc.
7000 Central Avenue N.E.,
Minneapolis, Minnesota 55432
Telephone No. (763) 514-3201

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | |
|---------------------------|-------------------------|---|---------------------------------------|---|
| 2 0 1 | Full Name of Inventor | FIRST NAME Oscar | MIDDLE INITIAL | LAST NAME Jimenez |
| | Residence & Citizenship | CITY Coral Gables | STATE OR FOREIGN COUNTRY Florida | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 1231 Medina Avenue | CITY Coral Gables | STATE/ZIP/COUNTRY Florida 33134 US |
| SIGNATURE OF INVENTOR 201 | | | | DATE |
| 2 0 2 | Full Name of Inventor | FIRST NAME Guillermo | MIDDLE INITIAL | LAST NAME Echarri |
| | Residence & Citizenship | CITY Miami | STATE OR FOREIGN COUNTRY Florida | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 2111 NW 17th Street 3031 S.W. 11 St | CITY Miami | STATE/ZIP/COUNTRY Florida 33125 US |
| SIGNATURE OF INVENTOR 202 | | | | DATE 33135 |
| 2 0 3 | Full Name of Inventor | FIRST NAME John | MIDDLE INITIAL E. | LAST NAME Kast |
| | Residence & Citizenship | CITY Hugo | STATE OR FOREIGN COUNTRY Minnesota | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 10815 140 th Street North | CITY Hugo | STATE/ZIP/COUNTRY Minnesota 55038 US |
| SIGNATURE OF INVENTOR 203 | | | | DATE |

| | | |
|-------------------------|----------------|---------------------------------------|
| U.S. APPLICATION NUMBER | DATE OF FILING | STATUS (patented, pending, abandoned) |
| | | |

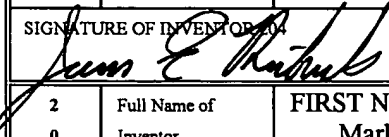
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

| | | | | | |
|---------------------|-----------------|---------------------|-----------------|--------------------|-----------------|
| Harold R. Patton | Reg. No. 22,157 | Beth L. McMahon | Reg. No. 41,987 | Thomas G. Berry | Reg. No. 31,736 |
| Michael J. Jaro | Reg. No. 34,472 | Daniel W. Latham | Reg. No. 30,401 | Kenneth J. Collier | Reg. No. 34,982 |
| Girma Wolde-Michael | Reg. No. 36,724 | Curtis D. Kinghorn | Reg. No. 33,926 | | |
| Thomas F. Woods | Reg. No. 36,726 | Eric R. Waldkoetter | Reg. No. 36,713 | | |

Please direct all correspondence in this case to: Medtronic, Inc.
7000 Central Avenue N.E.,
Minneapolis, Minnesota 55432
Telephone No. (763) 514-3201

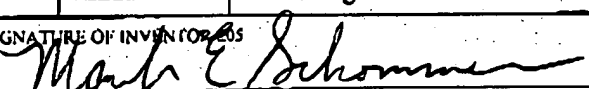
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | |
|---------------------------|-------------------------|---|---------------------------------------|---|
| 2 0 1 | Full Name of Inventor | FIRST NAME Oscar | MIDDLE INITIAL | LAST NAME Jimenez |
| | Residence & Citizenship | CITY Coral Gables | STATE OR FOREIGN COUNTRY Florida | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 1231 Medina Avenue | CITY Coral Gables | STATE/ZIP/COUNTRY Florida 33134 US |
| SIGNATURE OF INVENTOR 201 | | | | DATE |
| 2 0 2 | Full Name of Inventor | FIRST NAME Guillermo | MIDDLE INITIAL | LAST NAME Echarri |
| | Residence & Citizenship | CITY Miami | STATE OR FOREIGN COUNTRY Florida | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 2111 NW 17 th Street | CITY Miami | STATE/ZIP/COUNTRY Florida 33125 US |
| SIGNATURE OF INVENTOR 202 | | | | DATE |
| 2 0 3 | Full Name of Inventor | FIRST NAME John | MIDDLE INITIAL E. | LAST NAME Kast |
| | Residence & Citizenship | CITY Hugo | STATE OR FOREIGN COUNTRY Minnesota | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 10815 140 th Street North | CITY Hugo | STATE/ZIP/COUNTRY Minnesota 55038 US |
| SIGNATURE OF INVENTOR 203 | | | | DATE Oct 6, 2000 |

| | | | | |
|---|----------------------------|--|---------------------------------------|---|
| 2 0 4 | Full Name of Inventor | FIRST NAME James | MIDDLE INITIAL E. | LAST NAME Riekels |
| | Residence & Citizenship | CITY New Hope | STATE OR FOREIGN COUNTRY Minnesota | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 8516 Hopewood Lane North | CITY New Hope | STATE/ZIP/COUNTRY Minnesota 55427 US |
| SIGNATURE OF INVENTOR 204  | | | | DATE 06 Oct 2000 |
| 2 0 5 | Full Name of Inventor | FIRST NAME Mark | MIDDLE INITIAL E. | LAST NAME Schommer |
| | Residence & Citizenship | CITY Maple Grove | STATE OR FOREIGN COUNTRY Minnesota | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 9135 Kingsview Lane North | CITY Maple Grove | STATE/ZIP/COUNTRY Minnesota 55369 US |
| SIGNATURE OF INVENTOR 205 | | | | DATE |

☐ Additional pages for fourth and subsequent inventors attached.

☒ This Declaration ends with this page.

| | | | | |
|--|-------------------------|--|---------------------------------------|---|
| 2 0 4 | Full Name of Inventor | FIRST NAME James | MIDDLE INITIAL E. | LAST NAME Riekels |
| | Residence & Citizenship | CITY New Hope | STATE OR FOREIGN COUNTRY Minnesota | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 8516 Hopewood Lane North | CITY New Hope | STATE/ZIP/COUNTRY Minnesota 55427 US |
| SIGNATURE OF INVENTOR 204 | | | | DATE |
| 2 0 5 | Full Name of Inventor | FIRST NAME Mark | MIDDLE INITIAL E. | LAST NAME Schommer |
| | Residence & Citizenship | CITY Maple Grove | STATE OR FOREIGN COUNTRY Minnesota | CITIZENSHIP US |
| | Post Office Address | POST OFFICE ADDRESS 9135 Kingsview Lane North | CITY Maple Grove | STATE/ZIP/COUNTRY Minnesota 55369 US |
| SIGNATURE OF INVENTOR 205  | | | | DATE 10/11/2000 |

Additional pages for fourth and subsequent inventors attached.

X This Declaration ends with this page.